

Hotel Reservation Form

The Aerospace Medical Association's 83rd Annual Scientific Meeting Atlanta 2012 • May 13-17, 2012

Online Reservations (with immediate confirmation) can be made from the link at www.asma.org.

CALL, MAIL, OR FAX THIS FORM

WEBSITE RESERVATIONS ARE PREFERRED

Hilton Atlanta Hotel

Reservations Department

Torinna White, Housing Coordinator

P +1-404-572-6533

F +1-404-221-6301

255 Courtland Street NE

Atlanta, GA 30303

www.hilton.com/en/hi/groups/personalized/A/ATLAHHH-AMA-20120511/index.jhtml



DEADLINE April 13, 2012 (Allow 7 days for confirmation)

HOUSING REQUEST FORM Website Reservations are preferred. If you feel uncomfortable in doing this please fax or mail (not both) this form to the Hilton Atlanta Hotel. Telephone Reservations will be accepted. A credit card is required to confirm/guarantee your hotel room. A deposit is required for the first night of your reservation.

CHANGES/CANCELLATIONS Online reservations can be cancelled online 24 hours prior to arrival. If your reservation was made in writing, then make changes and cancellations directly with the hotel 24 hours prior to arrival. Individuals are requested to review their confirmation for the exact cancellation policy.

ACCOMMODATIONS Select hotel room type from the list and enter appropriate information. Every effort will be made to assign comparable housing based on your first choice. Bed types are not guaranteed and are assigned on a first-come, first-served basis. Deadline is April 13, 2012.

ROOM CONFIRMATIONS Upon completion of your reservation request, the hotel will e-mail or fax a reservation confirmation notice within 7 days.

CONFERENCE REGISTRATION The hotel does not accept Registration for the conference. See www.asma.org for Registration details.

| HOTEL NAME | RATES | |
|----------------------|---------------|----------------|
| Hilton Atlanta Hotel | 2 Double Beds | \$138.00/Night |
| | 1 King Bed | \$138.00/Night |

Please contact Torinna White at +1-404-572-6533 or via e-mail at torinna.white@hilton.com for suite information and rates.

*All rooms are subject to a 16.00% per room per night tax.

REGISTRANT

Please type or print. Complete all information.

Name: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Phone Number: _____ Fax Number: _____

Email: _____

DEPOSIT

AMEX VISA MASTERCARD DISCOVER

Card Number: _____

Expiration Date: _____ Card Code: _____

Name on Card: _____

Card Mailing Address: _____

Signature: _____

ROOM TYPE

Check one. Duplicate form for more than 1 room.

Main House (Single) Double/DBL (2 Persons 2 Beds)

1 Bedroom Suite (call for rate details)

PLEASE NOTE: Contact Reservations Department for suite information. Room type request subject to availability at time of arrival. All reservations subject to local sales tax.

ARRIVAL DATE: _____ DEPARTURE DATE: _____

Check here for disability and specify assistance.



